

2054

331X
ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1866

CERTIFICATE OF DEATH

REGISTRAR'S NO. 862

07 24 DEATH 29 X IDENCE NT VAL A 174 4 449 SE 331 TH 0 18) P IONS, 1 PSY TH X TO NAL NCE CAL 1 NER'S ATION RAL 34 TOR D 2 RAR	1. PLACE OF DEATH A. COUNTY <u>Maricopa</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Phoenix</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Phoenix</u>	
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>54 Yrs. 54 Yrs.</u>			
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>814 N. 7th St.</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>814 N. 7th St.</u>	
3. NAME OF DECEASED (TYPE OR PRINT) <u>William Howard Heileman</u>				
4. SEX <u>Male</u> 5. COLOR OR RACE <u>White</u>				
6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>				
7. DATE OF BIRTH MONTH <u>April</u> DAY <u>9</u> YEAR <u>1875</u>				
8. AGE YEARS <u>74</u> MONTHS <u>0</u> DAYS <u>14</u>				
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) <u>Body Builder</u>				
9B. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u>				
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Illinois</u>				
11. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)				
13. SOCIAL SECURITY NO. <u>—</u>				
14A. FATHER'S NAME <u>George Heileman</u>				
14B. BIRTHPLACE (STATE OR COUNTRY) <u>Pennsylvania</u>				
15A. MOTHER'S MAIDEN NAME <u>Unknown Mc Cathy</u>				
15B. BIRTHPLACE (STATE OR COUNTRY) <u>Illinois</u>				
16. INFORMANT'S SIGNATURE <u>Mary F. Heileman</u> ADDRESS <u>Phoenix, Arizona</u>				
17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>April 23, 1949</u>				
18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).) *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.				
MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				
INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>				
19A. DATE OF OPERATION <u>—</u> 19B. MAJOR FINDINGS OF OPERATION <u>—</u>				
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) <u>—</u> 21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>—</u> 21C. (CITY OR TOWN) (COUNTY) (STATE) <u>—</u>				
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) (SECOND) OF INJURY <u>—</u> 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 21F. HOW DID INJURY OCCUR? <u>—</u>				
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>12:15 P</u> 19 <u>49</u> TO <u>4/21</u> 19 <u>49</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>4/21</u> 19 <u>49</u> AND THAT DEATH OCCURRED AT <u>—</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
23A. SIGNATURE <u>Joe C. Ehlrich</u> (DEGREE OR TITLE) <u>MD</u> 23B. ADDRESS <u>Phoenix, Arizona</u> 23C. DATE SIGNED <u>April 25, 1949</u>				
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> 24B. DATE <u>April 26, 1949</u> 24C. NAME OF CEMETERY OR CREMATORY <u>Greenwood Memorial Park</u> 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Phoenix, Arizona</u>				
25A. DATE REC'D BY <u>APR 27 1949</u> 25B. REGISTRAR'S SIGNATURE <u>M. Kerr Deputy</u> 25C. FUNERAL DIRECTOR'S SIGNATURE <u>C. Stanley Chapp</u> ADDRESS <u>A. L. MOORE & SONS PHOENIX, ARIZONA</u>				